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TRANS- SEXUALS: MALE OR FEMALE?

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Just like any other two young people in love, Viki, a 20-year-old male transsexual, and Danny, 26, her fiancé, discuss plans for their forthcoming marriage.

WHAT MAKES A woman a woman and a man a man? Which is the critical factor—how you look or how you feel? Where is the center that determines femininity or virility—in the head or below the navel? For many years, the answer was simple: Sex was merely a matter of what kind of equipment you were born with.

Today, many psychiatrists are no longer certain that the sole criterion of sex is physical. Recent events have posted this warning: What you *think* you are may be more important than what your genitals say you are.

Dr. Ira B. Pauly, associate professor of psychiatry at the University of Oregon Medical School, recently described a young woman in a dilemma—she believed she was a man.

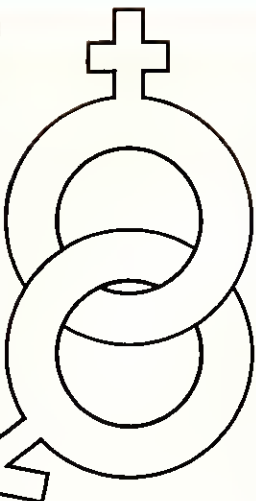
C. K., as Dr. Pauly refers to her, was born a physiologically normal female who, nevertheless, insisted that she was a boy simply because she felt like one. One of eight children in an impoverished family, she managed to get only a fourth-grade education. Unhappy and misunderstood, she left home at 13. She gave herself a boy's name, flattened her budding breasts with tight bandages, got a job and, from then on, dressed and lived as a man. At 21, C. K. courted and wed a rather unsophisticated young lady.

For three years, C. K.'s wife was unaware of her "husband's" deception. "He" never undressed in front of his wife, kept his breasts strapped down, wore T-shirts and tightly closed shorts to bed and avoided sexual intercourse with his wife by feigning illness.

The incredible masquerade might have continued except for the couple's frequent quarrels. One day during a fight, the police came and hauled C. K. off to jail. There, the police uncovered C. K.'s true sex when they forced him to disrobe and shower. The startled cops also discovered that C. K. had pinned to his shorts a fake penis made of a sock stuffed with paper. Pathetically, C. K. explained, "I'm a man. I need one and I didn't have one. That thing made me feel like a man."

C. K. is a transsexual—a special breed of person who has the body of one sex but the mind of the other. There are male transsexuals and female transsexuals, but men who consider themselves women are about four times as common as women who believe themselves to be men. Thus many of these unhappy people there are, in one knows, but they may number in the tens of thousands. Three years ago, when Johns Hopkins Hospital in Baltimore quietly announced it was forming a Gender Identity Clinic to help such persons, the hospital was flooded with letters from 2,000 transsexuals all over the country begging for aid. Their ages ranged from 14 to 65.

Until Dr. Harry Benjamin pleaded their cause, transsexuals were regarded as homosexuals. Today, 85-year-old Dr. Benjamin, who practices endocrinology in San Francisco and New York,



THE TRANSSEXUALS MALE OR FEMALE?

Transsexuals are physically normal men and women who can't accept the sex their bodies have given them. Hundreds have changed sex by surgery; thousands want to.

is their patron saint. He named them transsexuals, treated and counseled hundreds of them, and with his gentle logic, convinced many prominent scientists that transsexuals are a unique medical and social problem that deserves special concern.

Transsexuals differ from homosexuals and transvestites, with whom they are still commonly confused. Homosexuals have an appetite only for members of their own sex; a few stray occasionally, but without enjoyment and usually as a cover-up. Transvestites get their psychic and sexual kicks mainly by dressing in the clothes of the other gender. Clothes alone do not satisfy transsexuals; they want to be physically changed to the opposite sex.

As for homosexuality, transsexuals disdain it. During a long, frank talk with a transsexual male, I asked if she ever had an affair with a girl. The answer was unhesitating. "Of course not, when it comes to sex, I'm a square." So strong was the conviction of femaleness that an affair with a woman would have been homosexual behavior—and she wanted none of that.

Dr. Benjamin's assertion that the "transsexual man loves another man as a woman does" is true not only emotionally but physically as well. Many transsexuals who marry or live with men after sex-conversion surgery report that they and their mates enjoy normal sexual pleasures. Their ability to perform sexually as women—even achieving orgasm—is testimony to the remarkable skill of surgeons who can eliminate the despised male organs and replace them with an artfully constructed vagina that really works.

Lacking ovaries and uterus, the converted males cannot menstruate or become pregnant. However, weekly injections of female sex hormones give a soft, feminine texture to the skin, stimulate surprisingly good breast development and lessen beard growth. Electrolysis removes excess hair and silicone implants can increase breast size. One of San Francisco's best-known topless dancers is a male transsexual—without the benefit of implants.

Surgery on female transsexuals is not as successful. Surgeons run risk of unwanted breasts, ovaries, uterus and vagina. They can also construct a reasonably-looking penis from rib cartilage or plastic, but they can't make it function as it should—not yet.

In a two-year period, a team of specialists at Johns Hopkins Gender Identity Clinic has changed the sex of 21 individuals; 20 men became women and 1 woman became man. Temporarily, the team halted further surgery to assess what has happened to the 21 who have been given new lives. If satisfied with the results, and if some essential financial help can be found, the Johns Hopkins group intends to resume operating shortly.

Similarly, another team at the University of Minnesota Hospitals has altered the sex of 25 transsexual men. One of the team, Dr. Donald W. Has-

ings, says that in addition to the complex medical and surgical problems involved, the group had to face some practical questions when admitting these people to the hospital's wards. Do hospital personnel address them as Miss or Mister? Should the patients dress as males or females? Which bathroom do they use—men's or women's?

At the present time, the Minnesota surgeons and psychiatrists intend to follow closely the lives of the 25 new ladies for as long as ten years before adding to the number. However, other sex-conversion teams are forming, or are talking about doing so, at a number of prominent university medical centers. These include Stanford University, University of Washington, University of Oregon and UCLA.

Even before the Johns Hopkins and Minnesota groups decided to help transsexuals find their true sex, certain surgeons in the U.S. and abroad were performing these operations. More than 100 transsexuals have had change-of-sex surgery at prices ranging from \$2,500 to \$7,500. The best-known surgeon, and probably the most experienced, is Dr. George Buron of Casa Loma, Mexico. Another is Dr. Jesus Barbosa of Tijuana, Mexico.

Most doctors and hospitals involved in transsexual problems are reluctant to advertise the fact mainly because they cannot cope with the flood of inquiries certain to follow any such announcement. An excellent source of information on where to go for help—legal or medical—is the Erickson Educational Foundation at 4047 Hummel Onks Avenue in Baton Rouge, La.

What happens psychologically to transsexuals when converted by surgical sleight of hand? A few years ago, Dr. Benjamin sought to find out by questioning 50 transsexual males who had passed the sex line. He reported 44 of them were contented, socially and sexually, with their new roles as women; five were either unhappy with their appearance or complained they were unable to perform sexually as well as they wanted, and nine was totally dissatisfied. The score: 86 percent successful, 14 percent unsuccessful.

Some confessed that for a short while after their conversion, they were promiscuous—picking up men in bars and charging for their favors. They did it, they explained, not because they enjoyed being prostitutes but because they desperately needed proof of their acceptability as women. And the more the men were willing to pay, the better the proof.

Recently, I talked with one of those who had successfully made the transition from man to woman. Alice is a tastefully dressed, tall, slim blonde, who seemed years younger than the 43 she admitted being. For 33 tortured years, she had lived a man's role. Stuntily built, five feet nine, 175 pounds, the then-male was a star third baseman at college, where he graduated with a mechanical-engineering degree. During World War II, he

continued

served with distinction as an officer aboard a destroyer in the Pacific. Externally, he seemed the all-American boy; inside, he was a woman longing to be free.

After the war, he married—"hoping it would make a man of me"—and started a construction business. His company prospered, but his marriage failed. Finally, the woman inside him could be quieted no longer: he divorced his wife, sold his business and went to another city. There, he started female-hormone injections, got a job and lived as a woman. In time, he saved enough money to go to Casablanca for the conversion operation and plastic surgery to repair a nose battered during his baseball years. "Now," Alice sighed, "it feels so good to be a whole woman; it's like coming home after a long, frightening journey."

I asked her if her views of men had changed since her transformation. "Not really. I always thought of a woman, but now I see through men more easily. They're bigger goosies; we don't say half the catty things they do." And then, mischievously, "Most men are animals, all they want is to go to bed with you."

At the moment, she had no romance going. "I had a boyfriend a while ago," she explained, "but then I discovered he was married, and I broke it off real quick; I'm not looking for that sort of affair."

Alice can laugh at herself. She bowls once a week with the girls at the place where she works as office manager. "Sometimes I'll let that ball go with an extra swing—I'm still rather strong, you know—and the girls will raise their eyebrows and say, 'Well!' So right away, I'll do something real feminine to throw them off."

All transsexuals share a common trait: They are deeply troubled people who live extraordinarily complicated lives. Take Lilli, for instance, who appears to be a typically young, attractive, mini-skirted secretary. Actually, Lilli is a male transsexual who has been living as a girl since she was 14. At the age of 12, she was arrested and sent to a reformatory for nearly two years for breaking into a neighbor's house. Lilli stole nothing; all she did was dress up in the neighbor woman's clothes. Recently, she had a breast-implant operation that cost \$800. A male friend gave her the money. He's about 30, the only son of a millionaire family—and a secret transsexual. When he visits Lilli's apartment, she calls him Sally and lets him wear her clothes, which delights him. They plan to go to Casablanca together for sex-conversion surgery. Sally will pay the bills.

Then there's Viki—a sweet, attractive, 20-year-old girl. Actually, Viki was the only son of a well-to-do Midwestern family that is terribly tight on Viki's insistence since early childhood that she's really a girl. When Viki was 17, her irate father shipped her out of town to an uncle, crudely admonishing him: "Get this

boy fixed up with a girl. Make a man of him." It didn't work; Viki ran away, became a dance director; and soon will marry a young man she's deeply in love with. Maybe then she can afford surgery and become a whole woman.

What's puzzling about transsexuals is how and why they get that way. Is it environment, congenital sickness of the mind or some gland disease? Researchers don't know. Dr. Richard Green, a brilliant 33-year-old psychiatrist who directs the Gender Identity Research and Treatment Clinic at the University of California at Los Angeles, emphasizes that gender confusion does not suddenly blossom during adolescence or adulthood but is present early in childhood. Talk to an adult transsexual, says Dr. Green, and invariably he'll reply, "I've been this way ever since I can remember."

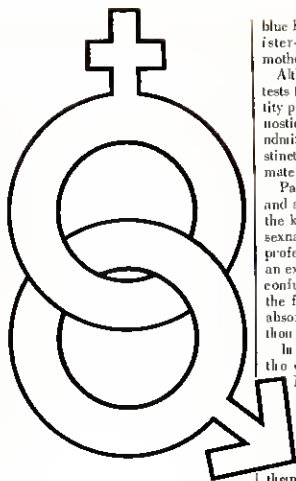
At UCLA, Dr. Green is studying—and trying to help—nearly a dozen children, some as young as three, who already show signs of what may be transsexual behavior. With early recognition and professional assistance, he hopes to help the confused child bridge the sexual chasm between what he thinks he is and what he physically is.

Psychiatrists admit it is difficult to tell when a child's behavior portends sex confusion. Children cross and recross the gender barrier with impunity. At times, girls prefer baseball to sewing; on occasions, boys play with dolls. To some extent, being a sissy or a tomboy is normal, and most parents rightly ignore it. Strangely, many mothers and fathers will take pride in their daughter's tomboy exploits but feel uncomfortable when their son acts like a sissy.

Child psychologists can provide only rough guidelines to proper gender reassessment in children. At age two, most children select youngsters of their own sex as playmates. And at age four, they can correctly identify a doll's gender as well as their own. Boys show definite masculine behavior between five and seven. Girls are usually through with tomboy antics and acquire strongly feminine traits by 11. On the whole, boys show an earlier certainty about who they are sexually.

A telltale clue to sex confusion in a boy is his attitude toward Mom's clothes. He is overly interested in her wardrobe and freely expresses approval or distaste with a particular garment. Such boys have an uncontrollable desire to dress up in Mom's dresses, and when thwarted will become upset—even enraged. Most kids like to put on Mom's or Dad's clothes at times; obsessiveness is the criterion.

Gender-confused boys often say that they wish they were girls, and openly express dislike for the physical signs of their sex. A transsexual male recalled to me how he tried to get rid of his genital genitals when he was only six. He tied one end of a string around his male organs and the other end around a doorknob, hoping that when he slammed the door they would come off. The attempt produced black-and-



"I'm a woman. Must my life be ruined," Viki asks, "because nature gave me a male's organs?"



blue bruises, a scolding from his minister-father, and a spanking from mother for being "a nasty little boy."

Although there are psychological tests that help determine gender-identity problems in children, the best diagnostics of sex confusion, Dr. Green admits, are the kids themselves. Instinctively, they seem to spit the playmate who acts peculiarly.

Passive, introverted-withdrawn fathers and aggressive, take-over mothers are the kind of parents most male transsexuals have. Dr. Robert J. Stoller, professor of psychiatry at UCLA, and an expert on sex aberrations, says sex confusion occurs more frequently when the father is away often, or is more absorbed in his hobbies and his work than in his family.

In these families, the mother makes the decisions and runs the home. Mother and infant son are abnormally close physically—sleeping, bathing, even going to the "john" together. When interviewed, most of these mothers reveal tomboy behavior in themselves. Typically, one mother recalled in an interview, "... we played Tarzan and Jane when I was a girl, but I was always Tarzan."

However important home life may be in gender confusion, specialists caution that it may not be decisive. A biological factor may still be essential to predispose a child to the disastrous effects of early rearing. Dr. Jola Money, associate professor of medical psychology and pediatrics at Johns Hopkins and a founder of its Gender Identity Clinic, believes that something goes wrong during the long, complicated process that starts when the chromosomes of the egg and sperm unite and a new life begins.

At the moment of conception, 46 microscopic chromosomes blueprint who you are going to be. Forty-four are sex-neutral. But the two remaining—X for female, Y for male—spell out your sex. For a female, the full chromosome code is 11 plus X plus X; for a male, 11 plus X plus Y. Whether you wind up with two X's, which makes you a girl, or an X and a Y, which makes you a boy, is a matter of luck. There's a hint:

The mother's egg cell carries only an X chromosome; the father's sperm cells (100,000,000 in one ejaculation) carry either an X or Y, with many more Y's than X's. However, the Y's numerical advantage is offset by the X's superior genetic hardness. Under the microscope, Y sperms have rounder heads and are smaller than X sperms. Your sex is determined by which sperm wins the race to penetrate and fertilize the egg-cell—Y, the round-headed male, or X, the long-headed female. The problem of sex confusion might begin here during the complicated stages of fetal development.

In addition, researchers have recently discovered that deep within the brain of certain animals is a sex center that directs the animal how to behave

—as a male or female. The brain center, scientists have learned, always starts as female but may be changed during the fetus' development in the womb according to the fetus' physical sex. If the physical sex is female, the hormones secreted by the fetus' developing glands and sex organs will be female and will reinforce the feminine brain center. But if the physical sex is male, the masculine hormone secreted will gradually virilize the brain center and change it to male. Thus, at birth, the animal's mental sex will match its physical organs and all will be well.

What happens, however, if the hormones generated by a male fetus in the womb are not strong enough to change the feminine center in the brain? Will the young one be born looking like a male but behaving like a female?

A West Berlin researcher, Dr. Friedmund Neumann, provided an answer. Repeatedly, he injected pregnant female rats with a new drug named Cyproterone. The chemical blocked the effect of the male sex hormone during prenatal development and prevented masculinization of the male fetus' brain centers. When the litters were born, the young females looked and behaved as normal females. The young males, however, appeared physically normal, but as they grew older, they acted like females—even assuming the females' role in courting and mating, and trying to suckle baby rats from other litters.

Chemical creation of transsexual rats does not prove that sex confusion in humans occurs the same way. Nor does Dr. Neumann's experiment demonstrate the existence of such a brain center in men and women, but it does raise that possibility.

If we do have a mental sex center, it may be possible to determine and correct an abnormality—even before birth—so that when a child is born, mental and physical sex will be in harmony. Such an accomplishment will eliminate expensive and controversial change-of-sex surgery.

Nearly four years ago, most religious leaders as well as the majority of physicians who were polled opposed sex-conversion operations on religious and moral grounds. A significant number of doctors, however, are changing their minds. The change stems from the realization that no form of treatment—psychotherapy, hormone shots or aversion therapy—has succeeded with transsexuals. Only surgical change satisfies them.

The favored argument of physicians—especially psychiatrists—who still oppose surgery is, "If a patient wants to commit suicide, would you help him do so?" What they fail to realize is that transsexuals are deeply troubled people who are seeking life, not death.

Danny, the dutiful bridegroom-to-be, reluctantly helps pin up the hem of the wedding gown Viki is making for the happy occasion.

